

**Fill in this information to identify the case:**

Debtor name **NJ Mobile HealthCare LLC**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) **24-16239-JKS**

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 15, 2024**

**X /s/ Louis V. Greco III**

Signature of individual signing on behalf of debtor

**Louis V. Greco III**

Printed name

**Manager**

Position or relationship to debtor

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 United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**  
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## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AT&T Mobility PO BOX 6463 Carol Stream, IL 60197-6463						\$10,082.89
Blair Brewster 297 Henry Street Brooklyn, NY 11201						\$15,000.00
C & M Truck & Tire Repair Corp 152 Industrial Loop Staten Island, NY 10309						\$10,182.41
CSC Corp Service Company Po Box 7410023 Chicago, IL 60674-5023						\$10,123.90
InSight Mobile Data 23330 Cottonwood Parkway Suite 333 California, MD 20619			Contingent Unliquidated Disputed			\$39,157.02
Integrated Rental Services Inc. (Avante) 2601 Stanley Gault Parkway Suite #101 Louisville, KY 40223			Contingent Unliquidated Disputed			\$26,918.99
Interstate 370 LLC. 330 Franklin Turnpike, Suite 210 Attn Gary Haig Mahwah, NJ 07430			Contingent Unliquidated Disputed			\$55,736.66
Jack Kishk 436 Avenue P Brooklyn, NY 11223						\$50,000.00

Debtor **NJ Mobile HealthCare LLC**  
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Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Kaufman Dolowich Voluck, LLP 135 Crossways Park Drive Suite 201 Woodbury, NY 11797			Contingent Unliquidated Disputed			\$15,135.41
Lytix, Inc. 9785 Towne Centre Drive San Diego, CA 92121			Contingent Unliquidated Disputed			\$23,010.90
McKesson Medical Surgical PO Box 634404 Cincinnati, OH 45263			Contingent Unliquidated Disputed			\$11,334.39
Metro Ambulance 7 Daniel Drive Cedar Grove, NJ 07009						\$13,525.00
Office Team PO Box 743295 Los Angeles, CA 90074-3295			Contingent Unliquidated Disputed			\$11,000.00
Ogletree Deakins Nash Smoak & Stewart PC 50 International Drive Suite 300 Greenville, SC 29615						\$20,000.00
PKF O'Connor Davies Advisory, LLC 300 Tice Boulevard Suite 315 Woodcliff Lake, NJ 07677						\$24,817.00
Procida Companies LLC 456 East 173 Street Attn: Mario Procida & Sarah William Bronx, NY 10457						\$35,000.00
Transworld Systems Inc. P.O. Box 15618 Wilmington, DE 19850-5618						\$9,784.71

Debtor **NJ Mobile HealthCare LLC**  
Name

Case number (if known) **24-16239-JKS**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Versatile Human Resource Management 1111 West Centre Avenue Portage, MI 49024						\$9,169.48
Wagner, Ferber, Fine & Ackerman PLLC 66 South Tyson Ave Floral Park, NY 10075						\$13,007.20
William Seide 752 Rivenwood Rd Franklin Lakes, NJ 07417						\$45,000.00

Fill in this information to identify the case:

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United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **24-16239-JKS**

☐ Check if this is an amended filing

Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **1,420,775.26**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **1,420,775.26**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,366,440.42**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **628,965.15**

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ **1,995,405.57**

**Fill in this information to identify the case:**Debtor name **NJ Mobile HealthCare LLC**United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**Case number (if known) **24-16239-JKS**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Valley National Bank (Operating Account)****Checking Account****5800****\$1,100.37**3.2. **Valley National Bank (Receiving Account)****Checking Account****0303****\$1,671.23****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$2,771.60****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

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Name

11a. 90 days old or less: **182,884.51** - **0.00** = .... **\$182,884.51**  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **377,919.15** - **0.00** = .... **\$377,919.15**  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$560,803.66**

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture <u>Miscellaneous office furniture</u>	<u><b>\$0.00</b></u>		<u><b>\$7,500.00</b></u>
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software <u>Miscellaneous computers, phones, EMS equipment, EMS communications equipment</u>	<u><b>Undetermined</b></u>		<u><b>\$17,500.00</b></u>
	<u>Miscellaneous basic life support and ambulatory equipment contained in each of Debtor's ambulances.</u>	<u><b>\$0.00</b></u>		<u><b>\$165,000.00</b></u>

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42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$190,000.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. <b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1. <b>Ford 2013 Type II Ambulance. Vehicle ID 49-40</b>	\$0.00		\$4,500.00
47.2. <b>Ford 2012 Type II Ambulance. Vehicle ID 49-41.</b>	\$0.00		\$4,500.00
47.3. <b>Ford 2013 Type II Ambulance. Vehicle ID 49-42.</b>	\$0.00		\$18,000.00
47.4. <b>Ford 2013 Type II Ambulance. Vehicle ID 49-43.</b>	\$0.00		\$10,000.00
47.5. <b>Ford 2007 Supervisor Vehicle. Vehicle ID 55-12.</b>	\$0.00		\$1,200.00
47.6. <b>Ford 2014 Type III Ambulance. Vehicle ID 55-35.</b>	\$0.00		\$65,000.00
47.7. <b>Ford 2018 Type II Ambulance. Vehicle ID 55-37.</b>	\$0.00		\$75,000.00
47.8. <b>Chevy 2009 Type III Ambulance. Vehicle ID 55-56.</b>	\$0.00		\$20,000.00
47.9. <b>Ford 2014 Type III Ambulance. Vehicle ID 55-50.</b>	\$0.00		\$15,000.00

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47.10	<u>Chevy 2013 Type I Ambulance. Vehicle ID 55-53.</u>	<u>\$0.00</u>	<u>\$35,000.00</u>
47.11	<u>Ford 2020 Type I Rescue Ambulance. Vehicle ID 55-54.</u>	<u>\$0.00</u>	<u>\$195,000.00</u>
47.12	<u>Ford 2020 Type I Rescue Amulance. Vehicle ID 55-55.</u>	<u>\$0.00</u>	<u>\$195,000.00</u>
47.13	<u>International 1994 Mobile Command Bus. Vehicle ID 56-MOC.</u>	<u>\$0.00</u>	<u>\$18,000.00</u>
47.14	<u>Gulf Cart. Vehicle ID 56-GC.</u>	<u>\$0.00</u>	<u>\$5,000.00</u>
47.15	<u>Flatbed Glf Cart Trailer. Vehicle ID 56-GCT.</u>	<u>\$0.00</u>	<u>\$1,500.00</u>
47.16	<u>Diamon Cargo Trailer. Vehicle ID 56-MCRU.</u>	<u>\$0.00</u>	<u>\$4,500.00</u>

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$667,200.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

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**Part 11:** **All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **NJ Mobile HealthCare LLC**  
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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$2,771.60</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$560,803.66</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$190,000.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$667,200.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$1,420,775.26</b>	<b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$1,420,775.26</b>

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Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>Cloudfund LLC</b> Creditor's Name <b>400 Rella Blvd, Suite 165-101</b> <b>Suffern, NY 10901</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$118,125.00</b>  <b>Undetermined</b>
<b>2.2</b>	<b>De Lage Laden Financial Services, Inc.</b> Creditor's Name <b>1111 Old Eagle School Road</b> <b>Wayne, PA 19087</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien <b>Ford 2020 Type I Rescue Ambulance. Vehicle ID 55-54.</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$102,448.61</b>  <b>\$195,000.00</b>

Debtor **NJ Mobile HealthCare LLC**

Case number (if known)

**24-16239-JKS**

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☒ Contingent

☒ Unliquidated

☒ Disputed

**2.3 De Lage Laden Financial Services, Inc.**

Creditor's Name

**1111 Old Eagle School Road  
Wayne, PA 19087**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**Ford 2020 Type I Rescue Amulance. Vehicle ID 55-55.**

**\$102,448.61**

**\$195,000.00**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

**2.4 Everest Business Funding**

Creditor's Name

**120 W 38th Street, 6th Floor  
New York, NY 10018**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$17,703.02**

**Undetermined**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

**2.5 Forever Funding**

Creditor's Name

**8 Campus Drive  
Parsippany, NJ 07054**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**\$94,480.00**

**Undetermined**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

Debtor **NJ Mobile HealthCare LLC**

Case number (if known)

**24-16239-JKS**

Name

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☒ No

Last 4 digits of account number

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

**2.6 Internal Revenue Service**

Creditor's Name

**P.O. Box 7346  
ATTN: Centralized  
Insolvency Operations  
Philadelphia, PA 19101**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$300,078.00**

**Undetermined**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

**Federal Tax Lien**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

**2.7 New Jersey Department of the Treasury**

Creditor's Name

**3 John Fitch Way  
ATTN: New Jersey Division  
of Taxation  
Trenton, NJ 08611**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$24,738.00**

**Undetermined**

Creditor's email address, if known

Date debt was incurred

**As of MAY 26, 2023**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Debtor **NJ Mobile HealthCare LLC**  
Name

Case number (if known) **24-16239-JKS**

2.8	<b>Specialty Fleet Services, LLC</b> Creditor's Name <b>60 Engineers Lane</b> <b>East Farmingdale, NY</b> <b>11735</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Chevy 2013 Type I Ambulance. Vehicle ID 55-53.</b>  Describe the lien <b>Mechanic's Lien</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,999.10</b> <b>\$35,000.00</b>
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2.9	<b>STRATA Trust Company</b> Creditor's Name <b>6836 Morrison Blvd</b> <b>Susite 410</b> <b>Charlotte, NC 28211</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien   Describe the lien <b>Judgment Lien</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$277,532.74</b> <b>Undetermined</b>
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2.1 0	<b>The Avanza Group LLC</b> Creditor's Name <b>3974 Amboy Road, Suite 306</b> <b>Staten Island, NY 10308</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>	Describe debtor's property that is subject to a lien   Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No	<b>\$75,775.00</b> <b>Undetermined</b>
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Debtor **NJ Mobile HealthCare LLC**  
Name

Case number (if known) **24-16239-JKS**

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:  
Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

**2.1  
1 U.S. Small Business Administration**

Creditor's Name

**409 3rd St., SW  
Washington, DC 20416**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number  
**7801**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$150,000.00**

**Undetermined**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.1  
2 United Lease**

Creditor's Name

**3700 Morgan Avenue  
Evansville, IN 47715**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$30,000.00**

**\$75,000.00**

**Ford 2018 Type II Ambulance. Vehicle ID 55-37.**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

**2.1  
3 V.E. Ralph and Son Inc**

Describe debtor's property that is subject to a lien

**\$10,338.20**

**Undetermined**

Debtor **NJ Mobile HealthCare LLC**

Case number (if known)

**24-16239-JKS**

Name

Creditor's Name

**PO Box 633  
Kearny, NJ 07032-0633**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe the lien**

**Judgment Lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.1  
4

**Vivian Capital Group LLC**

Creditor's Name

**3611 14th Ave  
Brooklyn, NY 11218**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$55,774.14**

**Undetermined**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$1,366,440.4**  
**2**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Berkovitch & Bouskila, PLLC  
1545 U.S. 202, Suite 101  
ATTN: Ariel Bouskila  
Pomona, NY 10970**

Line **2.10**

Debtor	Name	Case number (if known)	24-16239-JKS
	<b>Gainey McKenna &amp; Egleston</b> 375 Abbott Road ATTN: Barry J. Gainey Paramus, NJ 07652	Line <u>2.5</u>	
	<b>Iacullo Martino &amp; Reinitz</b> 247 Franklin Avenue ATTN: Steven J. Martino Nutley, NJ 07110	Line <u>2.13</u>	
	<b>Law Offices of Isaac H. Greenfield, PLLC</b> 2 Executive Blvd., Ste. 305 ATTN: Isaac H. Greenfield Suffern, NY 10901	Line <u>2.14</u>	
	<b>Law Offices of Thomas A. Buonocore, P.C.</b> 1719 Route 10, Suite 301 ATTN: Mark Thompson & Thomas Buonocore Parsippany, NJ 07054	Line <u>2.9</u>	
	<b>New Jersey Divison of Taxation</b> 22-08 Route 208 ATTN: Ana Guerrero & Mark Santos Fair Lawn, NJ 07410	Line <u>2.7</u>	
	<b>Peter Fioretti</b> Mountain Real Estate Capital LLC 6863 Carnegie Blvd Charlotte, NC 28211	Line <u>2.9</u>	
	<b>US Attorney for the District of NJ</b> 970 Broad Street, 7th Floor Newark, NJ 07102	Line <u>2.11</u>	
	<b>Weltman, Weinberg &amp; Reis Co., L.P.A.</b> 170 S. Independence Mall W., Suite 874W ATTN: Scott J. Best Philadelphia, PA 19106-2614	Line <u>2.12</u>	
	<b>White and Williams LLP</b> 7 Times Square, Suite 2900 ATTN: Agatha Mingos New York, NY 10036	Line <u>2.9</u>	

Fill in this information to identify the case:

Debtor name **NJ Mobile HealthCare LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **24-16239-JKS**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>NJ Department of Labor 1 John Fitch Plaza Trenton, NJ 08611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>NJ Division of Employer Accounts PO Box 379 Trenton, NJ 08625</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>NJ Mobile HealthCare LLC</b> <small>Name</small>	Case number (if known)	<b>24-16239-JKS</b>
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2.3	Priority creditor's name and mailing address <b>NJ Office of the Attorney General</b> <b>25 Market Street</b> <b>8th Floor, West Wing</b> <b>Trenton, NJ 08625-0080</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address <b>PA Department of Revenue</b> <b>PO Box 280904</b> <b>Harrisburg, PA 17128-0904</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Undetermined</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address <b>State of CT, Dep't of Revenue Services</b> <b>450 Columbus Blvd, Suite 1</b> <b>Hartford, CT 06103-1837</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Undetermined</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		


  

2.6	Priority creditor's name and mailing address <b>US Attorney for the District of NJ</b> <b>970 Broad Street, 7th Floor</b> <b>Newark, NJ 07102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Name	Case number (if known)	
	<b>NJ Mobile HealthCare LLC</b>	<b>24-16239-JKS</b>	
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>8x8 Inc.</b> <b>675 Creekside Way</b> <b>Campbell, CA 95008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,551.06</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Aaccess.net Solutions Inc</b> <b>39 Maple Avenue</b> <b>New City, NY 10956</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,700.96</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>ADP</b> <b>PO Box 842875</b> <b>Boston, MA 02284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,053.30</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Aherman LLC</b> <b>132 Remsen St</b> <b>Brooklyn, NY 11201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Loans made to Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>
3.5	<b>Nonpriority creditor's name and mailing address</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,620.13</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>All American Ford</b> <b>520 River Street</b> <b>Hackensack, NJ 07601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,576.06</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Alliance One</b> <b>PO Box 3100</b> <b>Southeastern, PA 19398-3100</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$528.00</b>

Debtor	<b>NJ Mobile HealthCare LLC</b> <small>Name</small>	Case number (if known)	<b>24-16239-JKS</b>
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<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> <b>American Arbitration Association</b> <b>120 Broadway, Floor 21</b> <b>Attn: Corporate Finance</b> <b>New York, NY 10271</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Archer Law Office, LLC</b> <b>2235 Whitehorse Mercerville Road</b> <b>Hamilton, NJ 08619</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,425.00</b>
<b>3.10</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Arman Fardanesh</b> <b>112 Cinnamom Station Way</b> <b>Newark, DE 19702</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
<b>3.11</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T Mobility</b> <b>PO BOX 6463</b> <b>Carol Stream, IL 60197-6463</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,082.89</b>
<b>3.12</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Bederson LLP</b> <b>Bederson LLP</b> <b>100 Passaic Avenue Suite 310</b> <b>Fairfield, NJ 07004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,875.00</b>
<b>3.13</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Bergen Brookside Automotive</b> <b>8595 Zabriskie Street</b> <b>Hackensack, NJ 07601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,397.60</b>
<b>3.14</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Big Tows Inc.</b> <b>36 Red Schoolhouse Road</b> <b>Chesnut Ridge, NY 10977</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,779.33</b>

Debtor	<b>NJ Mobile HealthCare LLC</b> <small>Name</small>	Case number (if known)	<b>24-16239-JKS</b>
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Blair Brewster</b> <b>297 Henry Street</b> <b>Brooklyn, NY 11201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,000.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>BOOK LAW LLP</b> <b>370 CHURCHILL RD</b> <b>TEANECK, NJ 07666</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,520.00</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>C &amp; M Truck &amp; Tire Repair Corp</b> <b>152 Industrial Loop</b> <b>Staten Island, NY 10309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,182.41</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Christopher Greco</b> <b>132 Remsen St</b> <b>Brooklyn, NY 11201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Loans made to Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Chrysler Capital a/c x0076</b> <b>PO Box 660647</b> <b>TX 75266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,632.26</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Chrysler Capital a/c x0205</b> <b>PO Box 660647</b> <b>TX 75266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,533.77</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Citrix</b> <b>120 South West Street</b> <b>Raleigh, NC 27603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,190.00</b>

Debtor	<b>NJ Mobile HealthCare LLC</b> <small>Name</small>	Case number (if known)	<b>24-16239-JKS</b>
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<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Coaching Systems LLC</b> <b>21975 E Talkid Ave</b> <b>Parker, CO 80138</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280.32</b>
<b>3.23</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Confidential Shredding</b> <b>P.O. Box 8643</b> <b>Woodcliff Lake, NJ 07677</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$485.17</b>
<b>3.24</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Corporation Service Company</b> <b>PO Box 13397</b>  <b>Philadelphia, PA 19101-3397</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,282.00</b>
<b>3.25</b>	<b>Nonpriority creditor's name and mailing address</b> <b>County of Bergen Law and Public Safety I</b> <b>281 Campgaw Road</b> <b>Mahwah, NJ 07430</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$360.00</b>
<b>3.26</b>	<b>Nonpriority creditor's name and mailing address</b> <b>CSC Corp Service Company</b> <b>Po Box 7410023</b> <b>Chicago, IL 60674-5023</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,123.90</b>
<b>3.27</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Danielle Greco</b> <b>PO Box 707</b> <b>Suffern, NY 10901</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,927.68</b>
<b>3.28</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Drive ERT</b> <b>152 Tunnel Facility Drive</b> <b>Portsmouth, VA 23707</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.00</b>

Debtor	Name	Case number (if known)	
	<b>NJ Mobile HealthCare LLC</b>	<b>24-16239-JKS</b>	
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>E-ZPass NY</b> <b>PO Box 24345</b> <b>Brooklyn, NY 12212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,437.49</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>East Coast Medical Consultants (was Emer</b> <b>3121-D Fire Road</b> <b>Egg Harbor Township, NJ 08234</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,750.00</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Emergency Training and Consulting (East</b> <b>555 Dresher Road</b> <b>Unit 309</b> <b>Horsham, PA 19044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,650.00</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Emsar</b> <b>9208 Waterford Centre Boulevard</b> <b>Suite 150</b> <b>Austin, TX 78758</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,463.15</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Expressway Collision, Inc.</b> <b>211 Veterans Rd W Ste 1</b> <b>Staten Island, NY 10309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,271.69</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Falasca Bros Friendly Svc Inc</b> <b>318 Broadway</b> <b>Hillsdale, NJ 07642</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,364.63</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Fleetcor</b> <b>3280 Peachtree Road, Suite 2400</b> <b>ATTN: Corpay, Inc.</b> <b>Atlanta, GA 30305</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>

Debtor	<b>NJ Mobile HealthCare LLC</b> <small>Name</small>	Case number (if known)	<b>24-16239-JKS</b>
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<b>3.36</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Fuelman</b> <b>PO Box 1239</b> <b>Covington, LA 70434</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>
<b>3.37</b>	<b>Nonpriority creditor's name and mailing address</b> <b>G46 LLC</b> <b>132 Remsen St.</b> <b>Brooklyn, NY 11201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Loans made to Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>
<b>3.38</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Go Sign Me Up</b> <b>22431 Antonio Parkway</b> <b>Rancho Santa Margarita, CA 92688</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$875.00</b>
<b>3.39</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Guardian EMS</b> <b>1 Hill Street</b> <b>Paterson, NJ 07502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,293.54</b>
<b>3.40</b>	<b>Nonpriority creditor's name and mailing address</b> <b>HAVIT Systems Corporation</b> <b>70 Kent Shore Drive</b> <b>Carmel, NY 10512</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$436.25</b>
<b>3.41</b>	<b>Nonpriority creditor's name and mailing address</b> <b>I.D.M. Medical Gas Co.</b> <b>620 Braen Ave</b> <b>Wyckoff, NJ 07481</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>
<b>3.42</b>	<b>Nonpriority creditor's name and mailing address</b> <b>InSight Mobile Data</b> <b>23330 Cottonwood Parkway</b> <b>Suite 333</b> <b>California, MD 20619</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,157.02</b>

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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Integrated Rental Services Inc. (Avante)</b> <b>2601 Stanley Gault Parkway</b> <b>Suite #101</b> <b>Louisville, KY 40223</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,918.99</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Interstate 370 LLC.</b> <b>330 Franklin Turnpike, Suite 210</b> <b>Attn Gary Haig</b> <b>Mahwah, NJ 07430</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55,736.66</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Interstate Waste Services</b> <b>PO Box 554744</b> <b>Detroit, MI 48255-4744</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,675.44</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Jack Kishk</b> <b>436 Avenue P</b> <b>Brooklyn, NY 11223</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,000.00</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>JC Fuel Inc</b> <b>292 Forest Avenue</b> <b>Paramus, NJ 07652</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,761.89</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Jiffy lube #3656</b> <b>Urban Auto Spa II, LLC</b> <b>788 Route 17 South</b> <b>Ramsey, NJ 07446</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86.36</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Kaufman Dolowich Voluck, LLP</b> <b>135 Crossways Park Drive</b> <b>Suite 201</b> <b>Woodbury, NY 11797</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,135.41</b>

Debtor	<b>NJ Mobile HealthCare LLC</b> <small>Name</small>	Case number (if known)	<b>24-16239-JKS</b>
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<b>3.50</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Life Tech Inc, DBA Life Ride</b> <b>70 West South Orange Avenue</b> <b>Livingston, NJ 07039</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,711.08</b>
<b>3.51</b>	<b>Nonpriority creditor's name and mailing address</b> <b>LifeSavers Inc.</b> <b>39 Plymouth St.</b> <b>Fairfield, NJ 07004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,347.50</b>
<b>3.52</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Lime Line Operations LLC</b> <b>575 Corporate Drive, Suite 525</b> <b>Mahwah, NJ 07430</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Payroll and payroll tax obligations</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>
<b>3.53</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Louis V. Greco III</b> <b>PO Box 707</b> <b>Suffern, NY 10901</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Reimbursement of Expenses</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,548.50</b>
<b>3.54</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Louis V. Greco III</b> <b>PO Box 707</b> <b>Suffern, NY 10901</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Loans made to Debtor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>
<b>3.55</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Louis V. Greco Jr.</b> <b>132 Remsen St</b> <b>Brooklyn, NY 11201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Loans made to Debtor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>
<b>3.56</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Lytix, Inc.</b> <b>9785 Towne Centre Drive</b> <b>San Diego, CA 92121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,010.90</b>

Debtor	Name	Case number (if known)	24-16239-JKS
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Mahwah Automotive Center</b> <b>111 Spring St.</b> <b>Ramsey, NJ 07446</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,136.22</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Mahwah Fire Prevention Bureau</b> <b>475 Corporate Drive</b> <b>PO Box 733</b> <b>Mahwah, NJ 07430</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$190.00</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson Medical Surgical</b> <b>PO Box 634404</b> <b>Cincinnati, OH 45263</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,334.39</b>
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Metro Ambulance</b> <b>7 Daniel Drive</b> <b>Cedar Grove, NJ 07009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,525.00</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Monbes Landscaping</b> <b>102 Caroline Avenue</b> <b>Hamilton Township, NJ 08610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,311.50</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Network Digital</b> <b>311 Route 46 West</b> <b>Unit B</b> <b>Fairfield, NJ 07430</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$958.23</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>NJ EZ Pass</b> <b>PO Box 4971</b> <b>Trenton, NJ 08650</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$344.20</b>

Debtor	<b>NJ Mobile HealthCare LLC</b> <small>Name</small>	Case number (if known)	<b>24-16239-JKS</b>
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<b>3.64</b>	<b>Nonpriority creditor's name and mailing address</b> <b>NorStar Systems Inc</b> <b>PO Box 12</b> <b>Pompton Lakes, NJ 07442-0012</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,280.00</b>
<b>3.65</b>	<b>Nonpriority creditor's name and mailing address</b> <b>NYC Dept. of Finance</b> <b>PO Box 3641</b> <b>New York, NY 10008</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$552.86</b>
<b>3.66</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Office Team</b> <b>PO Box 743295</b> <b>Los Angeles, CA 90074-3295</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,000.00</b>
<b>3.67</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Ogletree Deakins Nash Smoak &amp; Stewart PC</b> <b>50 International Drive Suite 300</b> <b>Greenville, SC 29615</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,000.00</b>
<b>3.68</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Page, Wolfberg &amp; Wirth, LLC</b> <b>5010 East Trindle Road, Suite 202</b> <b>Mechanicsburg, PA 17050</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,560.00</b>
<b>3.69</b>	<b>Nonpriority creditor's name and mailing address</b> <b>PHILIP M. HERR, ESQ., CPA, PFS</b> <b>1 Bergen Street</b> <b>Apt 517</b> <b>Harrison, NJ 07029</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,200.00</b>
<b>3.70</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes</b> <b>PO Box 371896</b> <b>Pittsburgh, PA 15250</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$998.46</b>

Debtor	Name	Case number (if known)	24-16239-JKS
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>PKF O'Connor Davies Advisory, LLC</b> <b>300 Tice Boulevard</b> <b>Suite 315</b> <b>Woodcliff Lake, NJ 07677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,817.00</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Procida Companies LLC</b> <b>456 East 173 Street</b> <b>Attn: Mario Procida &amp; Sarah William</b> <b>Bronx, NY 10457</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,000.00</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Professional Account Management, LLC -PA</b> <b>PO Box 1153</b> <b>Milwaukee, WI 53201-1153</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$728.93</b>
3.74	<b>Nonpriority creditor's name and mailing address</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,722.11</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>River Road Rescue Squad, Inc.</b> <b>101 Shirley Parkway</b> <b>Piscataway, NJ 08854</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$725.00</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Schickler Kaye Ip</b> <b>One Rockefeller Plaza</b> <b>11th Floor</b> <b>New York, NY 10020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,360.00</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>SDS Leonard LLC</b> <b>132 Remsen St</b> <b>Brooklyn, NY 11201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Loans made to Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>

Debtor	<b>NJ Mobile HealthCare LLC</b> <small>Name</small>	Case number (if known)	<b>24-16239-JKS</b>
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<b>3.78</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Second Development Services, Inc</b> <b>132 Remsen St</b> <b>Brooklyn, NY 11201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Loans made to Debtor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>
<b>3.79</b>	<b>Nonpriority creditor's name and mailing address</b> <b>SSME Services LLC</b> <b>575 Corporate Drive, Suite 525</b> <b>Mahwah, NJ 07430</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Payroll and payroll tax obligations</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Undetermined</b>
<b>3.80</b>	<b>Nonpriority creditor's name and mailing address</b> <b>State of New Jersey Dept of Labor and Wo</b> <b>PO Box 059</b> <b>Trenton, NJ 08646-0059</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.81</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Medical</b> <b>1901 Romence Road Parkway</b> <b>Portage, MI 49024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,512.52</b>
<b>3.82</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Taddeo Shahan &amp; Reisner, LLP</b> <b>120 East Washington Street</b> <b>Suite 400</b> <b>Syracuse, NY 13202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,922.49</b>
<b>3.83</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Teleflex Funding LLC</b> <b>3015 Carrington Mill Blvd Ste 300</b> <b>Morrisville, NC 27560</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,037.07</b>
<b>3.84</b>	<b>Nonpriority creditor's name and mailing address</b> <b>The Hartford</b> <b>PO Box 660916</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$444.00</b>

Debtor	<b>NJ Mobile HealthCare LLC</b> <small>Name</small>	Case number (if known)	<b>24-16239-JKS</b>
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3.85	<b>Nonpriority creditor's name and mailing address</b> <b>TLC Mobile Health, LLC</b> <b>214 State Street</b> <b>Suite 209</b> <b>Hackensack, NJ 07601</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,450.00</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Tolls by Mail Payment Processing Center</b> <b>PO Box 15183</b> <b>Albany, NY 12212-5183</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,677.71</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Tomat Fleet Service</b> <b>2765 Stillwell Avenue</b> <b>Brooklyn, NY 11224</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,219.79</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Transworld Systems Inc.</b> <b>P.O. Box 15618</b> <b>Wilmington, DE 19850-5618</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,784.71</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Treasurer State of New Jersey</b> <b>Lockbox 656</b> <b>Woolverton Ave, Building 20</b> <b>Trenton, NJ 08646</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$191.00</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Trenk Isabel Siddiqi &amp; Shahdanian P.C.</b> <b>290 West Mount Pleasant Avenue</b> <b>Sutie 2350</b> <b>Livingston, NJ 07039</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,827.50</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Uline</b> <b>PO Box 88741</b> <b>Chicago, IL 60680-1741</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,804.81</b>

Debtor	<b>NJ Mobile HealthCare LLC</b> <small>Name</small>	Case number (if known)	<b>24-16239-JKS</b>
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<b>3.92</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Universal Fidelity</b> <b>PO Box 5444</b> <b>Katy, TX 77491</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79.68</b>
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<b>3.93</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Ventec Life Systems</b> <b>22002 26th Ave SE</b> <b>Bothell, WA 98021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
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<b>3.94</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon EW location</b> <b>4 Pinewood Ct</b> <b>West Windsor Township, NJ 08550</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$925.67</b>
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<b>3.95</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Versatile Human Resource Management</b> <b>1111 West Centre Avenue</b> <b>Portage, MI 49024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,169.48</b>
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<b>3.96</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Violations Processing Center - NY EZ Pas</b> <b>PO Box 15186</b> <b>Albany, NY 12212</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$701.92</b>
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<b>3.97</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Wagner, Ferber, Fine &amp; Ackerman PLLC</b> <b>66 South Tyson Ave</b> <b>Floral Park, NY 10075</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,007.20</b>
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<b>3.98</b>	<b>Nonpriority creditor's name and mailing address</b> <b>WB Mason</b> <b>PO Box 981101</b> <b>Boston, MA 02298-1101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,018.49</b>
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Debtor	NJ Mobile HealthCare LLC	Case number (if known)	24-16239-JKS
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Wex Bank</b> <b>PO Box 6293</b> <b>Carol Stream, IL 60197-6293</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,568.14</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Whip-Around Inc.</b> <b>5955 Carnegie Boulevard</b> <b>STE 300</b> <b>Charlotte, NC 28209</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,160.00</b>
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>William R. Seide Agency, LLC</b> <b>4664 South Boulevard</b> <b>Suite 200B</b> <b>Virginia Beach, VA 23452</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,322.74</b>
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>William Seide</b> <b>752 Rivenwood Rd</b> <b>Franklin Lakes, NJ 07417</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,000.00</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Willshire Embroidery</b> <b>635 Valley View Farm Road</b> <b>Pence Springs, WV 24962</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,532.99</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Worthington Communications</b> <b>65 Montague Street</b> <b>Brooklyn, NY 11201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Debtor	Name	Case number (if known)	24-16239-JKS
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>EZ-Pass NJ</b> <b>PO Box 4973</b> <b>Trenton, NJ 08650</b>	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Garden State Parkway</b> <b>PO Box 5042</b> <b>Woodbridge, NJ 07095</b>	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Law Offices of Joseph A. Molinaro, LLC</b> <b>648 Wyckoff Avenue</b> <b>ATTN: Joseph A. Molinaro</b> <b>Wyckoff, NJ 07481</b>	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Law Offices of Joseph A. Molinaro, LLC</b> <b>648 Wyckoff Avenue</b> <b>ATTN: Joseph A. Molinaro</b> <b>Wyckoff, NJ 07481</b>	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>MTA Bridges and Tunnels</b> <b>2 Broadway</b> <b>New York, NY 10004</b>	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>NJ Division of Employer Accounts</b> <b>PO Box 059</b> <b>Trenton, NJ 08646</b>	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>NJ Turnpike Authority</b> <b>PO Box 4971</b> <b>Trenton, NJ 08650</b>	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>NY Thruway Authority</b> <b>PO Box 15186</b> <b>ATTN: Violations Processing Center</b> <b>Albany, NY 12212-5186</b>	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>Port Authority of NY &amp; NJ</b> <b>PO Box 151886</b> <b>ATTN: Violations Processing Center</b> <b>Albany, NY 12212-5160</b>	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	<b>Triboro Bridge and Tunnel Authority</b> <b>2 Broadway, 23rd Floor</b> <b>New York, NY 10004</b>	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>628,965.15</u>
5c.	\$ <u>628,965.15</u>

Fill in this information to identify the case:

Debtor name **NJ Mobile HealthCare LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **24-16239-JKS**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Emergency and Non-Emergency Ambulatory Services.**

State the term remaining

List the contract number of any government contract

**Bergen New Bridge Medical Center  
230 East Ridgewood Ave  
ATTN: Ralph Iadarola  
Paramus, NJ 07652**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Emergency and Non-Emergency Ambulatory Services.**

State the term remaining

List the contract number of any government contract

**Christian HealthCare Center  
301 Sicomac Ave  
ATTN: Mary Rambone  
Wyckoff, NJ 07481**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Emergency and Non-Emergency Ambulatory Services.**

State the term remaining

List the contract number of any government contract

**Saint Michaels Medical Center  
111 Central Ave  
ATTN: Alan Sickles  
Newark, NJ 07102**

Fill in this information to identify the case:

Debtor name **NJ Mobile HealthCare LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **24-16239-JKS**

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1 **Lime Line Operations LLC** **575 Corporate Drive, Cuite 525 Mahwah, NJ 07430**

**Cloudfund LLC**

☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **Lime Line Operations LLC** **575 Corporate Drive, Cuite 525 Mahwah, NJ 07430**

**Vivian Capital Group LLC**

☒ D **2.14**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name **NJ Mobile HealthCare LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **24-16239-JKS**

☐ Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**For prior year:**  
From **1/01/2023** to **12/31/2023**

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

**\$392,376.50**

**For year before that:**  
From **1/01/2022** to **12/31/2022**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$3,081,268.16**

**For the fiscal year:**  
From **1/01/2021** to **12/31/2021**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$3,250,093.25**

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
Check all that apply

##### 4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **NJ Mobile HealthCare LLC**Case number (if known) **24-16239-JKS**

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Louis V. Greco III</b> <b>PO Box 707</b> <b>Suffern, NY 10901</b> <b>Manager</b>		<b>\$33,588.50</b>	<b>Reimbursement of Loans. See attached Exhibit "A".</b>
4.2. <b>Mobile Onsite Health Solutions, LLC</b> <b>575 Corporate Drive, Suite 525</b> <b>Mahwah, NJ 07430</b> <b>Non-Debtor Affiliate</b>		<b>\$10,151.00</b>	<b>Repayment of Loans. See attached Exhibit "B".</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
<b>NorStar Systems Inc</b> <b>PO Box 12</b> <b>Pompton Lakes, NJ 07442-0012</b>	<b>Ford 2013 Type II Ambulance. Vehicle ID 49-40.</b>		<b>\$4,500.00</b>
<b>Mahwah Automotive Center</b> <b>111 Spring St.</b> <b>Ramsey, NJ 07446</b>	<b>Ford 2014 Type III Ambulance. Vehicle ID 55-50.</b>		<b>\$15,000.00</b>
<b>All American Ford</b> <b>520 River Street</b> <b>Hackensack, NJ 07601</b>	<b>Ford 2012 Type II Ambulance. Vehicle ID 49-41.</b>		<b>\$4,500.00</b>
<b>All American Ford</b> <b>520 River Street</b> <b>Hackensack, NJ 07601</b>	<b>Ford 2013 Type II Ambulance. Vehicle ID 49-42.</b>		<b>\$18,000.00</b>

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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Debtor **NJ Mobile HealthCare LLC**Case number (if known) **24-16239-JKS**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>Strata Trust Company, Custodian FBO Peter Fioretti Roth IRA 300002568 (as assignee of PF RT Capital LLC), et al. v. NJ Mobile Health Care, LLC, et al. BER-L-001307-22</b>	<b>Contract</b>	<b>Superior Court of New Jersey 10 Main Street Hackensack, NJ 07601</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>Strata Trust Company, Custodian FBO Peter Fioretti Roth IRA 300002568 (as assignee of PF RT Capital LLC), et al. v. NJ Mobile Health Care, LLC, et al. 700163/2024</b>	<b>Contract Judgment Enforcement</b>	<b>Queens County Supreme Court 88-11 Sutphin Blvd Jamaica, NY 11435</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>The Avanza Group, LLC v. NJ EMS Ventures LLC, et al. 604470/2023</b>	<b>Contract</b>	<b>Nassau County Supreme Court 100 Supreme Ct. Dr. Mineola, NY 11501</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	<b>Vivian Capital Group LLC v. NJ Mobile Health Care LLC, et al. 507668/2024</b>	<b>Contract</b>	<b>Kings County Supreme Court 360 Adams Street, #4 Brooklyn, NY 11201</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	<b>Forever Funding, LLC v. NJ Mobile Healthcare LLC, et al. 654396/2023</b>	<b>Contract</b>	<b>New York County Supreme Court 60 Centre St. New York, NY 10007</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	<b>De Lage Landen Financial Services, Inc. BER-L-005870-23</b>	<b>Contract</b>	<b>Superior Court of New Jersey 10 Main Street Hackensack, NJ 07601</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	<b>United Leasing, Inc. d/b/a Access Commercial Capital v. NJ Mobile Health Care LLC, et al. MER-L-000161-23</b>	<b>Contract</b>	<b>Superior Court of New Jersey 175 S Broad Street Trenton, NJ 08608</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	<b>Emma R. Tretola v. NJ Mobile Health Care LLC, et al. DC-004213-23</b>		<b>Superior Court of New Jersey 10 Main Street Hackensack, NJ 07601</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	<b>V.E. Ralph &amp; Son, Inc. v. NJ Mobile Health Care LLC, et al. HUD-DC-3274-22</b>		<b>Superior Court of New Jersey 595 Newark Avenue, 4th Floor Jersey City, NJ 07306</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	<b>McKesson Medical Surgical Minnesota Supply, Inc. v. NY Mobile Health Care LLC, et al. BER-DC-007874-23</b>	<b>Contract</b>	<b>Superior Court of New Jersey 10 Main Street Hackensack, NJ 07601</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a

Debtor **NJ Mobile HealthCare LLC**Case number (if known) **24-16239-JKS**

receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Klestadt Winters Jureller Southard & Ste 200 West 41st Street 17th Floor New York, NY 10036	Attorney Fees		\$35,000.00
Email or website address tklestadt@klestadt.com			
Who made the payment, if not debtor? Danielle Greco			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within

Debtor **NJ Mobile HealthCare LLC**Case number (if known) **24-16239-JKS**

2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

**Who received transfer?  
Address**

**Description of property transferred or  
payments received or debts paid in exchange**

**Date transfer  
was made**

**Total amount or  
value**

#### Part 7: Previous Locations

##### 14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

**Address**

**Dates of occupancy  
From-To**

14.1. **370 Franklin Turnpike  
Mahwah, NJ 07430**

#### Part 8: Health Care Bankruptcies

##### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

**Facility name and address**

**Nature of the business operation, including type of services  
the debtor provides**

**If debtor provides meals  
and housing, number of  
patients in debtor's care**

15.1. **NJ Mobile HeathCare LLC  
575 Corproate Drive, Suite  
525  
Mahwah, NJ 07430**

**Emergency and Non-Emergency Ambulatory Services.**

**Location where patient records are maintained (if different from  
facility address). If electronic, identify any service provider.  
Patient records maintained electronically via software  
licensed by Traumasoft.**

**How are records kept?**

*Check all that apply:*

☒ Electronically  
☐ Paper

#### Part 9: Personally Identifiable Information

##### 16. Does the debtor collect and retain personally identifiable information of customers?

☒ No.

☐ Yes. State the nature of the information collected and retained.

##### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

#### Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

##### 18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses,

Debtor **NJ Mobile HealthCare LLC**

Case number (if known) **24-16239-JKS**

cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<b>Flagstar Bank</b> 185 Broadway, 3rd Floor Brooklyn, NY 11211	XXXX-1947	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	May 2024	\$0.00
18.2.	<b>Flagstar Bank</b> 185 Broadway, 3rd Floor Brooklyn, NY 11211	XXXX-0040	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	May 2024	\$0.00
18.3.	<b>Kearny Bank</b> 10 Passaic Ave Fairfield, NJ 07004	XXXX-1831	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___		Undetermined
18.4.	<b>Kearny Bank</b> 10 Passaic Ave Fairfield, NJ 07004	XXXX-1556	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___		Undetermined

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	--	-----------------------------	----------------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

Debtor **NJ Mobile HealthCare LLC**Case number (if known) **24-16239-JKS**

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<b>Bergen New Bridge Medical Center 230 East Ridgewood Ave Paramus, NJ 07652</b>	<b>Authorized company employees.</b>	<b>Small office space in maintenance building housing certain miscellaneous office equipment and EMS medical supplies and equipment. Trailer also located on premises containing miscellaneous medical equipment and supplies relevant to providing emergency medical services.</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

Debtor **NJ Mobile HealthCare LLC**Case number (if known) **24-16239-JKS****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

**Name and address****Date of service  
From-To**

26a.1. **Bederson LLP**  
**100 Passaic Avenue, Suite 310**  
**ATTN: David Gannaway**  
**Fairfield, NJ 07004**

26a.2. **PKF O'Connor Davies Advisor, LLC**  
**300 Tice Blvd., Suite 315**  
**ATTN: Steven J. Eller & Stevens Klein**  
**Woodcliff Lake, NJ 07677**

26a.3. **Wagner, Ferber, Fine & Ackerman PLLC**  
**66 South Tyson Ave**  
**ATTN: Scott Ackerman**  
**New York, NY 10075**

26a.4. **Philip M. Herr**  
**1 Bergen Street, Apt. 517**  
**Harrison, NJ 07029**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

**Name and address****If any books of account and records are  
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people**

Debtor **NJ Mobile HealthCare LLC**

Case number (if known) **24-16239-JKS**

in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Louis V. Greco III			

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Lime Line Operations LLC 575 Corporate Drive, Suite 525 Mahwah, NJ 07430	\$239,669.21	See attached Exhibit "C".	Intercompany transfers to fund payroll.
Relationship to debtor Debtor Affiliate			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund

Debtor **NJ Mobile HealthCare LLC**

Case number (if known) **24-16239-JKS**

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 15, 2024**

**/s/ Louis V. Greco III**  
Signature of individual signing on behalf of the debtor

**Louis V. Greco III**  
Printed name

Position or relationship to debtor **Manager**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes

# **Exhibit A**

NJ Mobile HealthCare, LLC  
Transaction Report  
June 20, 2023 - June 20, 2024

Due To/From LGIII	Date	Transaction Type	Num	Name	Memo/Description	Amount	Balance	Payments to Louis	Payments from Louis
		Beginning Balance					-5,328.02		
	06/23/2023	Deposit		LOUIS V GRECO INCOMING WIRE REF# 20230623B6B7261F00241806231534FT03 ABA: 021000021BANK:	0000005705FROM: LOUIS V GRECO	25,000.00	19,671.98	-	25,000.00
	06/27/2023	Deposit		LOUIS V GRECO INCOMING WIRE REF# 20230627B6B7261F00030806270800FT03 ABA: 021000021BANK:	0000001022FROM: LOUIS V GRECO	10,000.00	29,671.98	-	10,000.00
	06/30/2023	Expense	Louis Greco	Louis V Greco III OUTGOING WIRE REF# 20230630B6B7261F004862TQ: Louis V. Greco III ABA: 021000021BANK: JPMORGAN CHASE BANK, NA	ACCT# 2809739865	(5,000.00)	24,671.98	(5,000.00)	-
	08/03/2023	Transfer				200.00	24,871.98	-	200.00
	08/04/2023	Deposit		Zelle Transfer Conf# 99a08tzcq:	LOUIS V GRECO	5,000.00	29,871.98	-	5,000.00
	08/10/2023	Journal Entry	2023-35	DTF Louis for St Mike's fuel payment		102.25	29,974.23	-	102.25
	09/25/2023	Expense		Zelle payment to Louis Greco	Conf# admckefqg	(150.00)	29,824.23	(150.00)	-
	10/02/2023	Expense	Louis Greco III	CHECKCARD: 1001 CASH DEPOT VEND 5814 XXXXXXXXXX558636	MAHWAH NJ XXXXX233XXXXXXXXXX4292 CKCD	(2.00)	29,822.23	(2.00)	-
	10/11/2023	Expense		Per Louis		(600.00)	29,222.23	(600.00)	-
	10/20/2023	Expense		Per Louis		(1,700.00)	27,522.23	(1,700.00)	-
	10/24/2023	Expense	Louis Greco	Louis V. Greco III OUTGOING WIRE REF# 20231024B6B7261F001814TO: Louis V. Greco III ABA: 021000021BANK: JPMORGAN CHASE BANK, N.A.	ACCT# XXXXXXX9865	(1,800.00)	25,722.23	(1,800.00)	-
	10/26/2023	Transfer				(100.00)	25,622.23	(100.00)	-
	10/26/2023	Transfer				(2,000.00)	23,622.23	(2,000.00)	-
	10/27/2023	Transfer				75.00	23,697.23	-	75.00
	10/30/2023	Transfer				10.00	23,707.23	-	10.00
	10/30/2023	Transfer				(40.00)	23,667.23	(40.00)	-
	10/31/2023	Transfer				(4,000.00)	19,667.23	(4,000.00)	-
	11/01/2023	Transfer				(4,000.00)	15,667.23	(4,000.00)	-
	11/08/2023	Expense		Zelle payment to "DTF";	Louis Greco Conf# hggwdjgu	(65.00)	15,602.23	(65.00)	-
	11/08/2023	Expense		Louis Greco OUTGOING WIRE REF# 20231108B6B7261F001851TO: Louis Greco ABA: 226070474BANK: FLUSHING BANK	ACCT# XXXXXX8640	(500.00)	15,102.23	(500.00)	-
	11/16/2023	Expense	Louis Greco III	Zelle payment to "DTF";	Louis Greco Conf# c5m834ia	(450.00)	14,652.23	(450.00)	-
	11/17/2023	Transfer				(500.00)	14,152.23	(500.00)	-
	11/17/2023	Expense	Louis Greco III	Zelle payment to Conf# hbvz37an0	Louis Greco	(300.00)	13,852.23	(300.00)	-
	11/20/2023	Transfer				(200.00)	13,652.23	(200.00)	-
	11/20/2023	Transfer				(200.00)	13,452.23	(200.00)	-
	11/22/2023	Transfer				(83.50)	13,368.73	(83.50)	-
	11/24/2023	Transfer				(50.00)	13,318.73	(50.00)	-
	11/24/2023	Transfer				(200.00)	13,118.73	(200.00)	-
	11/28/2023	Transfer				(150.00)	12,968.73	(150.00)	-
	11/28/2023	Transfer				(600.00)	12,368.73	(600.00)	-
	11/30/2023	Transfer				(100.00)	12,268.73	(100.00)	-
	12/07/2023	Transfer				(150.00)	12,118.73	(150.00)	-
	12/11/2023	Transfer				(65.00)	12,053.73	(65.00)	-
	12/13/2023	Expense	Louis Greco III	Zelle payment to "DTF";	Louis Greco Conf# dohbvz26	(100.00)	11,953.73	(100.00)	-
	12/20/2023	Expense		Louis V. Greco III OUTGOING WIRE REF# 20231220B6B7261F001334TO: Louis V. Greco III ABA: 021000021BANK: JPMORGAN CHASE BANK, N.A.	ACCT# XXXXXXX9865	(30.00)	11,923.73	(30.00)	-
	12/26/2023	Transfer				(50.00)	11,873.73	(50.00)	-
	12/26/2023	Transfer				(100.00)	11,773.73	(100.00)	-
	12/29/2023	Transfer				(50.00)	11,723.73	(50.00)	-
	12/29/2023	Expense		Louis V. Greco III OUTGOING WIRE REF# 20231229B6B7261F001365TO: Louis V. Greco III ABA: 021000021BANK: JPMORGAN CHASE BANK, N.A.	ACCT# XXXXXXX9865DTF LouisOB:OB:	(100.00)	11,623.73	(100.00)	-
	01/02/2024	Transfer				(60.00)	11,563.73	(60.00)	-
	01/02/2024	Expense		Zelle payment to Louis";	Louis Greco Conf# x26dnkkm	(100.00)	11,463.73	(100.00)	-
	01/16/2024	Expense		Zelle payment to "DTF";	Louis Greco Conf# zqob32ogi	(150.00)	11,313.73	(150.00)	-
	01/24/2024	Transfer				(250.00)	11,063.73	(250.00)	-
	01/25/2024	Transfer				(30.00)	11,033.73	(30.00)	-
	01/26/2024	Transfer				7.00	11,040.73	-	7.00
	01/29/2024	Transfer				(35.00)	11,005.73	(35.00)	-
	01/30/2024	Vendor Credit	122223	Real Estate Management Group	Paid Through A Herman	4,000.00	15,005.73	-	4,000.00
	01/31/2024	Transfer				(50.00)	14,955.73	(50.00)	-
	02/01/2024	Transfer				(18.00)	14,937.73	(18.00)	-
	02/01/2024	Transfer				(125.00)	14,812.73	(125.00)	-
	02/12/2024	Transfer				75.00	14,887.73	-	75.00
	02/13/2024	Transfer				190.00	15,077.73	-	190.00
	02/13/2024	Transfer				75.00	15,152.73	-	75.00
	02/13/2024	Transfer				10.00	15,162.73	-	10.00
	02/23/2024	Transfer				(100.00)	15,062.73	(100.00)	-
	02/26/2024	Transfer				(40.00)	15,022.73	(40.00)	-
	02/26/2024	Transfer				(75.00)	14,947.73	(75.00)	-
	03/04/2024	Transfer				(200.00)	14,747.73	(200.00)	-
	03/04/2024	Transfer				(200.00)	14,547.73	(200.00)	-
	03/05/2024	Transfer				(200.00)	14,347.73	(200.00)	-
	03/06/2024	Expense		CHECKCARD: 0305 MED*CENTERCORG PODIATRY CKCD 8049 XXXXXXXXXX558636	WEST NYACK NY XXXXX1640XXXXXXXXXX08721	(140.00)	14,207.73	(140.00)	-
	03/06/2024	Expense		Zelle payment to Louis Greco	Conf# y69ggndnd	(250.00)	13,957.73	(250.00)	-
	04/01/2024	Deposit		Zelle payment from LOUIS V GRECO	Conf# 09BZ1QRTR	150.00	14,107.73	-	150.00
	04/05/2024	Transfer				(3,000.00)	11,107.73	(3,000.00)	-
	04/05/2024	Deposit		Zelle payment from LOUIS V GRECO	Conf# 01B31VR8E	800.00	11,907.73	-	800.00
	04/09/2024	Deposit		Zelle payment from LOUIS V GRECO	Conf# 06BQ1KRMF	25.00	11,932.73	-	25.00
	04/09/2024	Expense		Zelle payment to Louis Greco	Conf# wzrf8odj	(30.00)	11,902.73	(30.00)	-
	04/09/2024	Expense		Zelle payment to Louis Greco	Conf# tinnx3409	(80.00)	11,822.73	(80.00)	-
	04/09/2024	Expense		Zelle payment to Louis Greco	Conf# w434gafwb	(250.00)	11,572.73	(250.00)	-
	04/15/2024	Deposit		Zelle payment from LOUIS V GRECO	Conf# 99afqsf	750.00	12,322.73	-	750.00
	04/16/2024	Transfer				400.00	12,722.73	-	400.00
	04/16/2024	Transfer				350.00	13,072.73	-	350.00
	04/16/2024	Expense		Zelle payment to Louis Greco	Conf# tyhzruain	(700.00)	12,372.73	(700.00)	-
	04/17/2024	Expense		BKOFAMERICA ATM 04/17 #XXXXX3968 WITHDRWL XXXXXXXXXX558636	MAHWAH MAHWAH NJ CKCD	(40.00)	12,332.73	(40.00)	-
	04/19/2024	Expense		Zelle payment to Louis Greco	Conf# webn888a	(1,800.00)	10,532.73	(1,800.00)	-
	04/22/2024	Expense		Zelle payment to Louis Greco	for	(750.00)	9,782.73	(750.00)	-
	05/06/2024	Expense		Zelle payment to Louis Greco	Conf# s9sn14vo0	(50.00)	9,732.73	(50.00)	-
	05/21/2024	Expense		BKOFAMERICA ATM 05/21 #XXXXX2137 WITHDRWL XXXXXXXXXX558636	MAHWAH MAHWAH NJ CKCD	(630.00)	9,102.73	(630.00)	-
	05/23/2024	Transfer				(500.00)	8,602.73	(500.00)	-
	05/28/2024	Deposit	Zelle	Zelle payment from LOUIS V GRECO	Conf# 99ahrquq9	15.00	8,617.73	-	15.00
	05/30/2024	Transfer				(50.00)	8,567.73	(50.00)	-
	06/03/2024	Transfer				(250.00)	8,317.73	(250.00)	-
	06/17/2024	Deposit	Zelle	Zelle payment from LOUIS V GRECO	Conf# 99aiuhes9	40.00	8,357.73	-	40.00
Total for Due To/From LGIII						13,686.75		Total Paid to Louis (33,588.50)	
TOTAL						13,686.75		Total Paid by Louis	47,274.25

Net Paid	
by/(to)	
Louis	13,685.75

# **Exhibit B**

NJ Mobile HealthCare, LLC  
Transaction Report  
March 22 - June 20, 2024

Due to/from Mobile On-site Health	Date	Transaction Type	Num	Name	Memo/Description	Amount	Balance	Payments to Mobile OnSite	Payments from Mobile OnSite
		Beginning Balance					317,632.98		
	03/22/2024	Transfer				1,000.00	318,632.98	-	1,000.00
	03/28/2024	Transfer				-500.00	318,132.98	(500.00)	-
	03/31/2024	Journal Entry	2024-5		Allocate 2024 NJMHC PR from MOS entries - Mar	1,982.31	320,115.29	-	1,982.31
	04/01/2024	Transfer				-800.00	319,315.29	(800.00)	-
	04/05/2024	Transfer				-3,000.00	316,315.29	(3,000.00)	-
	04/05/2024	Deposit			X0040	13,000.00	329,315.29	-	13,000.00
	04/09/2024	Transfer				-1,200.00	328,115.29	(1,200.00)	-
	04/30/2024	Journal Entry	2024-6		Allocate 2024 NJMHC PR from MOS entries - Apr	6,261.14	334,376.43	-	6,261.14
	05/01/2024	Vendor Credit	50124	Real Estate Management Group	May rent paid by MOS	5,379.75	339,756.18	-	5,379.75
	05/03/2024	Deposit			BKOFAMERICA MOBILE 05/03 XXXXX90775 DEPOSIT	250.00	340,006.18	-	250.00
	05/15/2024	Transfer			null	1,000.00	341,006.18	-	1,000.00
	05/16/2024	Transfer				-500.00	340,506.18	(500.00)	-
	05/17/2024	Transfer				-700.00	339,806.18	(700.00)	-
	05/17/2024	Deposit			WIRE TYPE:WIRE IN DATE: 240517 TIME:1511 ET TRN:XXXXXXXXXXXX458393 SEQ:1310/002904 ORIG:MOBILE ONSITE HEALTH SOLU ID:XXXXX31009 SND BK:FLAGSTAR BANK, NA ID:XXXXX3576	3,000.00	342,806.18	-	3,000.00
	05/17/2024	Deposit			WIRE TYPE:WIRE IN DATE: 240517 TIME:1513 ET TRN:XXXXXXXXXXXX458128 SEQ:1348/002916 ORIG:MOBILE ONSITE HEALTH SOLU ID:XXXXX31009 SND BK:FLAGSTAR BANK, NA ID:XXXXX3576	2,700.00	345,506.18	-	2,700.00
	05/24/2024	Expense			Online Banking Transfer Confr# uarash983, Lime Line Operations LLC	-800.00	344,706.18	(800.00)	-
	05/28/2024	Transfer				-526.00	344,180.18	(526.00)	-
	05/31/2024	Journal Entry	2024-7		Allocate 2024 NJMHC PR from MOS entries - May	1,988.26	346,168.44	-	1,988.26
	06/03/2024	Vendor Credit	MOS pd	Versatile Human Resource Management	Paid by MOS	2,340.81	348,509.25	-	2,340.81
	06/11/2024	Transfer				-300.00	348,209.25	(300.00)	-
	06/17/2024	Transfer				-25.00	348,184.25	(25.00)	-
	06/17/2024	Transfer				-1,800.00	346,384.25	(1,800.00)	-
	06/20/2024	Journal Entry	2024-8		Allocate 2024 NJMHC PR from MOS entries - Jun	1,606.79	347,991.04	-	1,606.79
Total for Due to/from Mobile On-site Health						\$ 30,358.06		-	30,358.06
TOTAL						\$ 30,358.06		-	30,358.06

Total Paid to Mobile OnSite  
(10,151.00)

Total Paid by Mobile OnSite  
101,225.18

Net Paid by/(to) Mobile OnSite  
91,074.18

# **Exhibit C**

NJ Mobile HealthCare, LLC  
Transaction Report  
June 20, 2023 - June 20, 2024

								Payments to	Payments
								Line Line	from Line
Date	Transaction Type	Num	Name	Memo/Description	Account	Split	Amount	Balance	
Due to/from Lime Line Operations									
Beginning Balance								1,924,508.93	
06/23/2023	Transfer		Payroll	Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(3,627.13)	1,920,881.80	(3,627.13)
06/23/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(10,000.00)	1,910,881.80	(10,000.00)
06/27/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,000.00)	1,908,881.80	(2,000.00)
06/27/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(3,000.00)	1,905,881.80	(3,000.00)
06/30/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,000.00)	1,904,881.80	(1,000.00)
07/03/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,000.00)	1,902,881.80	(2,000.00)
07/07/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(4,215.00)	1,898,666.80	(4,215.00)
07/10/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,200.00)	1,897,466.80	(1,200.00)
07/12/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,500.00)	1,895,966.80	(1,500.00)
07/14/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(3,505.00)	1,892,461.80	(3,505.00)
07/20/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(858.00)	1,891,603.80	(858.00)
08/04/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,178.50)	1,890,425.30	(1,178.50)
08/04/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,000.00)	1,888,425.30	(2,000.00)
08/08/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,400.00)	1,886,025.30	(2,400.00)
08/09/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,900.00)	1,884,125.30	(1,900.00)
08/18/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(6,500.00)	1,877,625.30	(6,500.00)
08/21/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,500.00)	1,875,125.30	(2,500.00)
09/01/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(5,100.00)	1,870,025.30	(5,100.00)
09/06/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(4,600.00)	1,865,425.30	(4,600.00)
09/06/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(5,200.00)	1,860,225.30	(5,200.00)
09/07/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,000.00)	1,859,225.30	(1,000.00)
09/11/2023	Transfer		Ted replacement ck #148	Due to/from Lime Line Operations	Bank of America NJMHC Primary x2621		(657.94)	1,858,567.36	(657.94)
09/12/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(4,850.00)	1,853,717.36	(4,850.00)
09/13/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(15,000.00)	1,838,717.36	(15,000.00)
09/14/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,500.00)	1,837,217.36	(1,500.00)
09/15/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,480.00)	1,835,737.36	(1,480.00)
09/19/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,500.00)	1,833,237.36	(2,500.00)
10/03/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(3,320.00)	1,829,917.36	(3,320.00)
10/06/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,500.00)	1,827,417.36	(2,500.00)
10/10/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(3,500.00)	1,823,917.36	(3,500.00)
10/11/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(900.00)	1,823,017.36	(900.00)
10/16/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,000.00)	1,821,017.36	(2,000.00)
10/17/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(450.00)	1,820,567.36	(450.00)
10/26/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(5,000.00)	1,815,567.36	(5,000.00)
10/26/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(7,000.00)	1,808,567.36	(7,000.00)
10/27/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,000.00)	1,807,567.36	(1,000.00)
10/27/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(3,500.00)	1,804,067.36	(3,500.00)
10/31/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(10,500.00)	1,793,567.36	(10,500.00)
11/03/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(3,000.00)	1,790,567.36	(3,000.00)
11/06/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,391.00)	1,789,176.36	(1,391.00)
11/07/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,000.00)	1,787,176.36	(2,000.00)
11/07/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(39,000.00)	1,748,176.36	(39,000.00)
11/10/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(900.00)	1,747,276.36	(900.00)
11/14/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(900.00)	1,746,376.36	(900.00)
11/20/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,500.00)	1,743,876.36	(2,500.00)
11/22/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,450.00)	1,742,426.36	(1,450.00)
11/27/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(8,500.00)	1,733,926.36	(8,500.00)
12/04/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,900.00)	1,732,026.36	(1,900.00)
12/14/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,000.00)	1,731,026.36	(1,000.00)
12/15/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,200.00)	1,730,826.36	(1,200.00)
12/22/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(250.00)	1,729,576.36	(250.00)
12/22/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(4,100.00)	1,725,476.36	(4,100.00)
12/27/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(250.00)	1,725,226.36	(250.00)
12/28/2023	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		700.00	1,726,326.36	-
12/29/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(400.00)	1,725,926.36	(400.00)
12/29/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,200.00)	1,724,726.36	(1,200.00)
12/29/2023	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,560.58)	1,723,165.78	(1,560.58)
01/02/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		230.00	1,723,395.78	-
01/02/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		100.00	1,723,495.78	-
01/02/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		55.00	1,723,550.78	-
01/02/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		50.00	1,723,600.78	-
01/02/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		50.00	1,723,650.78	-
01/05/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		350.00	1,724,000.78	-
01/08/2024	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,700.00)	1,721,300.78	(2,700.00)
01/09/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		200.00	1,721,500.78	-
01/09/2024	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(3,500.00)	1,718,000.78	(3,500.00)
01/10/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		870.00	1,718,870.78	-
01/22/2024	Journal Entry	2023-58		Lime Line card used for SMMHC mats	-Split-		29.84	1,718,900.62	29.84
01/26/2024	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(5,000.00)	1,713,900.62	(5,000.00)
01/29/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		200.00	1,714,100.62	-
01/30/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		250.00	1,714,350.62	-
01/31/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		400.00	1,714,750.62	-
01/31/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		100.00	1,714,850.62	-
02/20/2024	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(736.00)	1,714,114.62	(736.00)
02/20/2024	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(2,000.00)	1,712,114.62	(2,000.00)
02/21/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		400.00	1,712,514.62	-
02/27/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		250.00	1,712,764.62	-
03/04/2024	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(860.00)	1,711,904.62	(860.00)
03/05/2024	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(10,200.00)	1,701,704.62	(10,200.00)
03/06/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		250.00	1,701,954.62	-
03/07/2024	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(1,505.06)	1,700,449.56	(1,505.06)
03/12/2024	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(4,525.00)	1,695,924.56	(4,525.00)
03/19/2024	Transfer			Due to/from Lime Line Operations	10004 Sign NJMHC #0040		(6,600.00)	1,689,324.56	(6,600.00)
03/20/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		150.00	1,689,474.56	-
04/05/2024	Transfer			Due to/from Lime Line Operations	Bank of America NJMHC #2650		800.00	1,690,274.56	-
04/10/2024	Transfer		null	Due to/from Lime Line Operations	Bank of America NJMHC #2650		1,600.00	1,691,874.56	-
04/22/2024	Transfer		null	Due to/from Lime Line Operations	Bank of America NJMHC #2650		350.00	1,692,224.56	-
04/22/2024	Transfer		null	Due to/from Lime Line Operations	Bank of America NJMHC #2650		300.00	1,692,524.56	-
06/10/2024	Transfer		null	Due to/from Lime Line Operations	Bank of America NJMHC #2650		600.00	1,693,124.56	-
06/10/2024	Transfer		null	Due to/from Lime Line Operations	Bank of America NJMHC #2650		300.00	1,693,424.56	-
06/17/2024	Transfer		null	Due to/from Lime Line Operations	Bank of America NJMHC #2650		225.00	1,693,649.56	-
Total for Due to/from Lime Line Operations							(230,859.37)		
TOTAL							(230,859.37)		
								Total Paid to Lime Line	(239,669.21)
								Total Paid by Lime Line	8,809.84
								Net Paid by/(to) Lime Line	(230,859.37)

Thursday, Jun 27, 2024 11:52:19 AM GMT-7 - Accrual Basis


**United States Bankruptcy Court  
District of New Jersey**

In re **NJ Mobile HealthCare LLC**

Debtor(s)

Case No. **24-16239-JKS**  
Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>NJ Emergencies Made Simple, LLC</b> <b>575 Corporate Drive, Suite 525</b> <b>Mahwah, NJ 07430</b>			
<b>NJ EMS Ventures LLC</b> <b>575 Corporate Drive, Suite 525</b> <b>Mahwah, NJ 07430</b>			

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Manager** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **July 15, 2024**

Signature **/s/ Louis V. Greco III**  
**Louis V. Greco III**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*